


TENNESSEE DEPARTMENT OF HUMAN SERVICES  CLAIM FOR REIMBURSEMENT SUMMER FOOD SERVICE PROGRAM		1. Check Appropriate Claim Type <input type="checkbox"/> Original Claim <input type="checkbox"/> Revised Claim	2. AGREEMENT NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
4. MONTH AND YEAR CLAIMED MONTH YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>		3. NAME AND ADDRESS <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
5. NUMBER OF DAYS MEALS SERVED <div style="border: 1px solid black; width: 30px; height: 20px;"></div>		6. TOTAL NUMBER OF SITES OPERATED <div style="border: 1px solid black; width: 30px; height: 20px;"></div>	
FOOD SERVED TO CHILDREN			
7. TOTAL NUMBER OF BREAKFAST SERVED	FIRST MEAL SERVED <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	SECOND MEAL SERVED <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
8. TOTAL NUMBER OF A.M. SUPPLEMENT SERVED	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
9. TOTAL NUMBER OF LUNCHES SERVED	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
10. TOTAL NUMBER OF P.M. SUPPLEMENT SERVED	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
11. TOTAL NUMBER OF SUPPERS SERVED	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
12. REMARKS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
I CERTIFY that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Contracts(s); and that payment therefore has been received. I understand that the information on this voucher is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statuses.			
13. SIGNATURE OF PREPARER <div style="border-bottom: 1px solid black; width: 100%;"></div>	14. PREPARER'S TITLE <div style="border-bottom: 1px solid black; width: 100%;"></div>	15. PREPARATION DATE MO DAY YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	